

# Exhibit A

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

Prince William County

General District Court

CITY OR COUNTY

9311 Lee Avenue, Manassas, Virginia 20110

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s) 7:03 FEB 24  
 TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on  
MAY 12, 2022 @ 11:00 A.M. to answer the Plaintiff(s)' civil claim (see below)  
 RETURN DATE AND TIME

DATE ISSUED

☐ CLERK☐ DEPUTY CLERK☐ MAGISTRATE**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of\$ 50,000.00 net of any credits, with interest at 6.00 % from date of 3/6/2020 until paid,\$ 62.00 costs and \$ \_\_\_\_\_ attorney's fees with the basis of this claim being☐ Open Account ☐ Contract ☐ Note ☒ Other (EXPLAIN)

Personal Injuries, Lost Wages, Mental Anguish and all other damages recoverable in law and equity caused by Defendant's negligence in a motor vehicle crash on 03/06/2020.

HOMESTEAD EXEMPTION WAIVED? ☐ YES ☐ NO ☐ cannot be demanded

DATE

☐ PLAINTIFF☒ PLAINTIFF'S ATTORNEY☐ PLAINTIFF'S EMPLOYEE/AGENT**CASE DISPOSITION**JUDGMENT against ☐ named Defendant(s) ☐ \_\_\_\_\_

for \$ \_\_\_\_\_ net of any credits, with interest at \_\_\_\_\_ % from date

of \_\_\_\_\_ until paid, \$ \_\_\_\_\_ costs and \$ \_\_\_\_\_ attorney's fees

☐ and \$ \_\_\_\_\_ costs for Servicemember Civil Relief Act counsel feesHOMESTEAD EXEMPTION WAIVED? ☐ YES ☐ NO ☐ CAN NOT BE DEMANDED☐ JUDGMENT FOR ☐ NAMED DEFENDANT(S) ☐ \_\_\_\_\_☐ NON-SUIT ☐ DISMISSED \_\_\_\_\_Defendant(s) Present: ☐ NO ☐ YES \_\_\_\_\_

DATE

JUDGE

FORM DC-412 (FRONT) REVISED 10/18

CASE NO.

HANIFI, Jamila Shugofa

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

6910 Wilton Circle

Gainesville, Virginia 20155

V.

VAN ROE, Sara Jane

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

6048 Dunbrook Terrace

Haymarket, Virginia 20169

**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

☐ To dispute this claim, you must appear on the return date to try this case.

☐ To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

ORDERED

DUE

Grounds of Defense

ORDERED

DUE

ATTORNEY FOR PLAINTIFF(S)

Demetrios C. Pkrallidas &amp; Ryan M. Probasco (703) 267-2600

10605 Judicial Drive, Bldg. A-4, Fairfax, Virginia 22030

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

MAY 12, 2022@ 11:00 A.M.

JUDGMENT PAID OR  
SATISFIED PURSUANT  
TO ATTACHED NOTICE  
OF SATISFACTION.

DATE

CLERK

**DISABILITY  
ACCOMMODATIONS**  
for loss of hearing,  
vision, mobility, etc.,  
contact the court ahead  
of time.

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

NAME <u>Sara Jane Van Roe</u>	
ADDRESS <u>6048 Dunnbrook Terrace</u> <u>Haymarket, Virginia 20169</u>	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____	for _____

NAME _____	
ADDRESS _____	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
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<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE _____	for _____

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown herein on

DATE 2/24/2022  
☐ Plaintiff  
☒ Plaintiff's Atty.  
☐ Plaintiff's Agent

Fi. Fa. issued on \_\_\_\_\_

Interrogatories issued on: \_\_\_\_\_

Garnishment issued on \_\_\_\_\_

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

Prince William County

CITY OR COUNTY

General District Court

9311 Lee Avenue, Manassas, Virginia 20110

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

MAY 12, 2022 @ 11:00 A.M.

RETURN DATE AND TIME

March 14, 2022

DATE ISSUED

☒ CLERK☐ DEPUTY CLERK☐ MAGISTRATE**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of\$ 50,000.00 net of any credits, with interest at 6.00 % from date of 3/6/2020 until paid,\$ 62.00 costs and \$ ..... attorney's fees with the basis of this claim being☐ Open Account ☐ Contract ☐ Note ☒ Other (EXPLAIN)

Personal Injuries, Lost Wages, Mental Anguish and all other damages recoverable in law and equity caused by Defendant's negligence in a motor vehicle crash on 03/06/2020.

HOMESTEAD EXEMPTION WAIVED? ☐ YES ☐ NO ☐ cannot be demanded2/24/22

DATE

☐ PLAINTIFF ☒ PLAINTIFF'S ATTORNEY ☐ PLAINTIFF'S EMPLOYEE/AGENT**CASE DISPOSITION**JUDGMENT against ☐ named Defendant(s) ☐ .....

for \$ ..... net of any credits, with interest at ..... % from date

of ..... until paid, \$ ..... costs and \$ ..... attorney's fees

☐ and \$ ..... costs for Servicemember Civil Relief Act counsel feesHOMESTEAD EXEMPTION WAIVED? ☐ YES ☐ NO ☐ CAN NOT BE DEMANDED☐ JUDGMENT FOR ☐ NAMED DEFENDANT(S) ☐ .....☐ NON-SUIT ☐ DISMISSED .....Defendant(s) Present: ☐ NO ☐ YES .....

DATE

JUDGE

CASE NO. Gv22001450-00

HANIFI, Jamila Shugofa

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

6910 Witton Circle

Gainesville, Virginia 20155

V.

VAN ROE, Sara Jane

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ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

MAY 12, 2022@ 11:00 A.M.

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

DATE

CLERK

**DISABILITY ACCOMMODATIONS**

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

NAME ..... Sara Jane Van Roe	
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..... Haymarket, Virginia 20169	
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<input type="checkbox"/> NOT FOUND	SERVING OFFICER .....
DATE .....	for .....

NAME .....	
ADDRESS .....	
.....	
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DATE .....	for .....

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DATE .....	for .....

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3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE

☐ Plaintiff  
☒ Plaintiff's Atty.  
☐ Plaintiff's Agent

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Garnishment issued on .....